

ALASKA EMS SYMPOSIUM 2004

Early Registration Ends October 8, 2004. Mail or Fax this form with payment or purchase order to:

Southern Region EMS Council, Inc.

6130 Tuttle Place Anchorage, AK 99507-2041 (907) 562-6449 (phone) 562-9893 (fax)

PURCHASE ORDERS WILL NOT BE ACCEPTED AT THE DOOR

PLEASE PRINT CLEARLY: Use separate form for each individual registering

Name:	Level of Training:		
Company/Organization:	E-Mail Address:		
Address:	Phone:		
City:	State:	Zip:	

(1) PRE-SYMPOSIUM EVENTS – WEDNESDAY AND THURSDAY, NOVEMBER 3 & 4, 2004

Wednesday, November 3	Thursday, November 4		FEES
8 a.m. to 5 p.m.	8 a.m. to 12 p.m.	1:30 to 5 p.m.	(Please circle your choices below)
<input type="checkbox"/> START/JumpSTART Train-the-Trainer (Weds. Only)			\$100
<input type="checkbox"/> Basic Trauma Life Support – Provider Course	(Wednesday and Thursday)		\$200
<input type="checkbox"/> Pediatric Disaster Life Support	(Wednesday and Thursday)		\$200
	<input type="checkbox"/> Scene Safety (Thursday only)		\$100
	<input type="checkbox"/> Water Safety (Thursday only)		\$100
	Thursday A.M. Half Day Sessions: <input type="checkbox"/> Prehospital Care of the Victim of Violence, Beyond the ABCs <input type="checkbox"/> Obstetric Emergencies	Thursday P.M. Half Day Sessions: <input type="checkbox"/> Emergency Response to the Persons with Brain Disorders <input type="checkbox"/> Pediatric Airway Management	Half Day Session Costs: One AM OR one PM \$60 One AM AND one PM \$100
			Presymposium Total \$ _____

(2) CLINICAL TRACK 2004 Fees – THURSDAY, FRIDAY AND SATURDAY, NOVEMBER 4, 5, & 6, 2004

<input type="checkbox"/> Physicians	\$250
<input type="checkbox"/> Nurses, PAs, Paramedics	\$200

(3) SYMPOSIUM 2004 Fees – FRIDAY AND SATURDAY, NOVEMBER 5 & 6, 2004

<input type="checkbox"/> Physician	\$140
<input type="checkbox"/> Career Health Care Provider/Administrator/Injury Prevention Specialist (RN, PA, Paramedic, EMT, etc.)	\$80
<input type="checkbox"/> Volunteer EMS Provider	\$50

(4) EMS AWARDS BANQUET – SATURDAY, NOVEMBER 6, 2004

Please reserve _____ ticket(s) for the EMS Awards Banquet at \$27 each. _____ x \$27 = Total: \$ _____	
<input type="checkbox"/> Chicken Cremini <i>Oven roasted semi boneless Breast of Chicken seasoned with Fresh Ground Pepper-corns and Lemon-Thyme rub, served on pool of Cremini Mushroom Veloute' sauce.</i>	<input type="checkbox"/> Halibut Newburg <i>Poached Alaskan Halibut Fillet topped with Lobster Cream Sauce garnished with Alaskan bay shrimp with rice pilaf or roasted red potatoes and seasoned fresh veggies.</i>
I require a special meal due to dietary restrictions. Specifications are _____	

NO COST FOR THE FOLLOWING, BUT SEATING IS LIMITED:

<input type="checkbox"/> November 5 at 12:15 p.m. — Safe Kids Luncheon (sponsored by Providence Alaska Medical Center)	Yes	No
<input type="checkbox"/> November 5 at 12:15 p.m. — EMT Instructors Luncheon (sponsored by Alaska Regional Hospital)	Yes	No

Add \$20 late fee if registering or postmarked after October 8, 2004

(1) PRE-SYMPOSIUM EVENTS fee

(2 OR 3) SYMPOSIUM 2004 fee

No refund or re-sale of banquet tickets (4) EMS AWARDS BANQUET fee

TOTAL FEES

+ _____

+ _____

+ _____

+ _____

= _____

Please make checks payable to "Southern Region EMS Council"

We also accept VISA or MasterCard – Enter information below

Name on Credit Card (if different than above)		Credit Card Billing Address including Zip Code (if different than above)	
16 digit credit card number	Last 3-digit code on the back	Exp. Date	Signature

REFUNDS for those who cannot attend Symposium 2004 must be requested in writing postmarked no later than December 10, 2004 to the registration address above. No refunds will be given for banquet tickets.